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APPLICANTS

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*cm*  
 \*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/382,702 03/06/2003 PAT 6,908,484

*cm*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*cm note*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *Christopher Miller* Initials *cm*

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 51640  
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TITLE  
 Cervical disc replacement

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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